

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

BEST AVAILABLE COPY

a. ☒ A check in the amount of \$ \$1,000.00 to cover the above fees is enclosed.

b. ☐ Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees.
A duplicate copy of this sheet is enclosed.

c. ☐ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.

d. ☐ Fees are to be charged to a credit card. **WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.

SEND ALL CORRESPONDENCE TO:
Law Offices of Karl Hormann
P.O. Box 381516
Cambridge, MA 02238-1516
Tel.: 617-491-8867

Karl Hormann
SIGNATURE
Karl Hormann
NAME
26,470
REGISTRATION NUMBER
10 April 2006
DATE

OK Refund

\$100.00

Adjustment date: 10/18/2006 WCLAYBRO
10/13/2006 VWALLACE 00000003 10575496
01 FC:1206 -100.00 DP

ALL INFO ENTERED

☒ **completed**
Page 3 of 3

10/20/06

Refund Ref:
10/18/2006 WCLAYBRO 0000154332

CHECK Refund Total: **\$100.00**
PCTUS1/REV07